

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/01/02.

### **I. DISPUTE**

Whether there should be reimbursement of \$922.62 for the dates of service 08/02/01 through 12/31/01.

### **II. RATIONALE**

The Respondent denied services as "Contracted Standard Rate Reduction". The Respondent has not submitted any evidence that a contract exists between the Requestor. The Requestor denies there is a contract with the Respondent. Therefore, since the Respondent has not provided any documentation that supports a contract does exist, reimbursement **is** recommended in the amount of \$922.62 for the dates of service 08/02/01 through 12/31/01.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor **is** entitled to reimbursement for the services billed. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby **ORDERS** the Respondent to remit **\$922.62** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 24th day of July 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb